

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 320

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>38</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Washington Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Amazonia,</u> <u>1020</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. F. D. #1, St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leora</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Wiseman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 8, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 5, 1865</u>	
9. AGE (In years last birthday) <u>85</u>		10. UNDER 1 YEAR Months <u>0</u> Days <u>0</u>		11. UNDER 1 HRS. Hours <u>0</u> Min. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>house work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Amazonia, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Marion W. Caples</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Perkins</u>		14. NAME OF HUSBAND OR WIFE <u>John L. Wiseman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. A. C. Wiseman- Amazonia, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion Rt</u>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Atherosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>  <u>15 yrs.</u>  <u>42 0 0</u>	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>4 Jan</u> , 19 <u>51</u> , to <u>8 Jan</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Jan 8</u> , 19 <u>51</u> , and that death occurred at <u>7:00p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Orin W. Tracy</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>520 Franklin St. Joseph, Mo</u>		23c. DATE SIGNED <u>9 Jan 51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Jan. 10, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Amazonia Cemetery</u>			
24d. LOCATION (City, town, or county) (State) <u>Amazonia, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamey Funeral Home - t. Joseph, Missouri</u>					
DATE REC'D BY LOCAL REG. <u>Jan 16, 1951</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casto</u>					

(Licensed Embalmer's Statement on Reverse 54)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Charles M. Harman*

Licensed Embalmer No. *4487*

P. O. Address *St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.